Indigenous Summer Enhancement Program in Public Health and Health Research 2020
Diné College

APPLICATION
Please submit your completed application by May 8th, 2020 @ 12:00am MIDNIGHT (MDT)

All 2020 Indigenous Summer Enhancement Program (ISEP) application packets must include:

- Completed and signed application form, including two essay questions.
- One complete Recommendation Form (included in this packet). The form must be sealed in a separate envelope with the evaluator’s signature across the enclosure flap OR can be scanned and emailed to: Lvgarcia@dinecollege.edu
- Parental/Guardian Acknowledgment Form

**Please note, that it is the responsibility of the student to make sure that ALL application documents are complete and submitted by the deadline date and time.**

Please return the complete application packet to:
Dine College
Linda Garcia
c/o ISEP
PO Box 580
Shiprock, NM 87420

Any questions regarding the ISEP summer program and/or the application process, may be directed to:

Heather Dreifuss, ISEP Program Instructor
hdreifuss@dinecollege.edu (503) 502-0776
or
Dr. Carmella Kahn, ISEP Program Instructor
ckahn@dinecollege.edu

I fully commit to participate in all scheduled activities of the ISEP Summer Program:

- Attend full program, June 21st – June 26th 2020

Full participation is encouraged & mandatory so participants get the most benefits out of the ISEP Summer Program.
**Indigenous Summer Enhancement Program in Public Health and Health Research 2020**
Diné College

**APPLICATION**
Please submit your completed application by [May 8th, 2020@ 12:00am MIDNIGHT (MDT)]

<table>
<thead>
<tr>
<th>Applicant Information</th>
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<tbody>
<tr>
<td>Full Name:</td>
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<tr>
<td>Last</td>
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<tr>
<td>Address:</td>
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<tr>
<td>City</td>
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<tr>
<td>Phone:</td>
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<tr>
<td>Alternate Phone:</td>
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<tr>
<td>Parent/Guardian Name:</td>
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<tr>
<td>Person to contact in case of emergency:</td>
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<tr>
<td>Relationship:</td>
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<table>
<thead>
<tr>
<th>Education</th>
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<tbody>
<tr>
<td>Current Year in School:</td>
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<tr>
<td>(Circle one) Cumulative GPA:</td>
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<tr>
<td>Name of School Attending:</td>
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<tr>
<td>Address:</td>
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<td>Phone: ( )</td>
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<tr>
<td>Other Secondary Institutions Attended:</td>
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<tr>
<td>Name of School:</td>
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<tr>
<td>Location:</td>
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<tr>
<td>Dates Attended:</td>
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### Past Program Participation

<table>
<thead>
<tr>
<th>Have you attended any summer programs?</th>
<th>Yes</th>
<th>No</th>
<th>If Yes, please complete section below:</th>
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</thead>
<tbody>
<tr>
<td>Name of Program:</td>
<td></td>
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<td>Location:</td>
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<tr>
<td>Dates Attended:</td>
<td></td>
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<td>Contact Person:</td>
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<tr>
<td>Name of Program:</td>
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<td>Location:</td>
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<tr>
<td>Dates Attended:</td>
<td></td>
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<td>Contact Person:</td>
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</tbody>
</table>

### Health Profession Interest

Do you plan on attending a university, college, vocational /occupational program after High School?  Yes  No

If yes, where do you plan on attending:

What do you plan to major in:

If no, please explain:

Please circle your **Top 3** health profession choices from the options below:

<table>
<thead>
<tr>
<th>Medical Doctor</th>
<th>Pharmacist</th>
<th>Nursing</th>
<th>Public Health</th>
<th>Dentist</th>
<th>Dental Hygienist</th>
<th>CHR</th>
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<tbody>
<tr>
<td>Physical Therapist</td>
<td>Physical Therapy Assistant</td>
<td>Physician Assistant</td>
<td>Radiology</td>
<td>Laboratory/Pathology</td>
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<tr>
<td>Nurse Practitioner</td>
<td>Optometry</td>
<td>Paramedic/EMT</td>
<td>Other (Please specify):</td>
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### Additional information

How did you hear about the ISEP program?

Do you have internet access at home? (please check)  Yes____  No_____  
If no, how do you normally access internet? (for example: McDonald’s wifi internet, hot spot, school wifi, etc.)

Do you have a smart device (that is accessible for learning)? (please check)  Yes____  No_____  
If yes, what do you have? (for example: smartphone, tablet, iPad, PC or MAC laptop or desktop computer)

What other needs do you have that can help support you?
Indigenous Summer Enhancement Program in Public Health and Health Research 2020
Diné College

TO THE PROGRAM APPLICANT: If possible, please type your responses to the questions below or on a separate sheet. Complete your responses to the best of your ability.

Please describe what you hope to gain by participating in the Indigenous Summer Enhancement Program and how you will apply the skills towards your future goals.

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Please describe a health issue/problem you feel needs more attention in your community and why.

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RECOMMENDATION FORM (page 1 out of 2)
(Filled out by a teacher, coach or someone who can speak to your strengths)

Students Name: (Last, First, MI)

Student’s School:

This student has asked you to provide an assessment of his/her suitability as a participant in the 2020 Indigenous Summer Enhancement Program. We are interested in selecting students who have:

- Previously demonstrated an interest in health careers (or could benefit from learning about such options);
- Demonstrated past academic achievement, or whom you feel are capable of handling a college curriculum in the future (but whose grades may not presently reflect this).

Please return this recommendation form to THE STUDENT in a sealed envelope with your name signed across the flap or SCANNED AND EMAILED to: Lvgarcia@dinecollege.edu

All application materials are due by May 8th, 2020 12:00 a.m. (MIDNIGHT) (MDT)

Thank you for taking the time to provide this important evaluation.

Please rate the Applicant with a check or X in the proper category

<table>
<thead>
<tr>
<th>Accomplished in this area</th>
<th>Does well in this area</th>
<th>Performs adequately in this area</th>
<th>Requires reinforcement in this area</th>
<th>Not Observed</th>
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<tbody>
<tr>
<td>Intellectual &amp; Reasoning Ability</td>
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<td>Academic Performance</td>
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<td>Maturity</td>
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<td>Initiative</td>
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<td>Responsibility</td>
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<td>Attention to Detail</td>
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<td>Oral Communication Skills</td>
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<td>Written Communication Skills</td>
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<td>Motivation and Effort</td>
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<td>Cooperation &amp; Teamwork</td>
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<tr>
<td>Computer Skills</td>
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<tr>
<td>Research Interests</td>
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OVERALL RECOMMENDATION: check or mark ‘x’

_____ This applicant receives my highest recommendation without reservation.
_____ I recommend this applicant with confidence.
_____ I recommend this applicant.
_____ I would NOT recommend this applicant.
RECOMMENDATION FORM (page 2 out of 2)

Student’s **strengths** as you see them:
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Student’s **weaknesses** as you see them (areas that you feel need improvement):
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Summary Evaluation: (overall impression of student and comments which may be pertinent, but were not covered by previous categories.)
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Evaluator’s Name: ___________________________ Date: ______________
Signature: ____________________________________________
Position/Department: ____________________________________
Guardian/Parent Acknowledgment Form

I, ____________________________________________, having read the
(Print parent/guardian name)

Indigenous Summer Enhancement Program application and information with my son/daughter, give
permission for

______________________________________________________________
(Print student’s name)

to participate in the 2020 Indigenous Summer Enhancement Program.

Release of Liability:

I give full consent for my son/daughter to participate in the 2020 Indigenous Summer Enhancement Program
(ISEP) and related activities sponsored by Diné College and Northern Arizona University. I further release Diné
College and Northern Arizona University and any of its affiliates for the ISEP Program from any liability of
accidents or injuries that may result as a part of the program’s activities/events. Furthermore, should any
disciplinary issues arise during the length of the program, I will take full responsibility for my child’s actions and
understand that it is the right of the ISEP program to release my child from the program for any reason deemed
necessary. (i.e., discipline, non-compliance with policies & procedures, failure to complete assigned tasks, and
excessive tardiness/absenteeism.)

I will support my child in all components and requirements of the ISEP Program. I will encourage their full
participation in all ISEP activities, including those listed below:

- Attend full program, June 21st – June 26th, 2020 (1 week in Tsaile, AZ)

__________________________________________  ________________________________
Parent/Guardian Signature                      Date